had influence over the Medical Officers got the medicine. The poor people never got it. Supposing there is a District Magistrate or an Assistant Peishkar, and he got all the medicines for himself and for everybody else who used his influence there would be no medicine left in the Hospital. Therefore it was for the purpose of preventing this method of using one's influence and official or non-official position that this system was introduced. It was not for income. If honourable members will suggest in the course of general administration any means by which for instance this could be stopped, I shall be grateful. Supposing the Dewan is entitled to get free medicines from the State and he makes up his mind to benefit twenty of his friends and sends for all the medicine that is available until the whole of the stock in the Dispensary is exhausted, what will happen? The poor people cannot get any medicine. There is no check for that. We want some check on people who are able to pay but do not want to pay. You cannot make a difference between officials and non-officials. We can simply say that that should be a nominal fee so that there will be a check on those who take medicines. If the honourable members think there is any other way of producing better results, I am prepared to accede to their wishes. It was found that people did not get sufficient quantity of medicines because of the importunities which the local subordinates are not always able to get rid of. This is the same kind of thing which I have explained in answer to the previous question.

Mr. G. Madhavan : What is the amount for each station?

Dr. S. John : Three chuckrams for six doses.

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Venerial diseases.

114. ***Mr. G. Ravi Varma :** Will the Government be pleased to state whether any survey has been conducted in the State with regard to venerial diseases prevalent in the country?

Dr. S. John : No.

Increase in Medical institutions.

115. ***Mr. A. N. Satyanesan :** Will the Government be pleased to state :

(a) whether there was an increase of fifteen in the number of Medical Institutions in 1121 over that in 1120 ; and

(b) the localities at which the new institutions were established

Dr. S John : *(a)* No. There is an increase of seven Medical institutions.

(b) (i) Full time Dispensaries at Ramamangalam and Vandanmettu.

(ii) Bi-weekly Dispensaries at Puthenthope, Thrikkunnapuzha, Idappally and Pandalam.

(iii) Malaria Dispensary at Vandiperiyar.

Mr. A. N. Satyanesan : ബൈവീക്ക്ലി ഡിസ്പെൻസറികളുടെ ചാർജ് വഹിക്കുന്നത് ആരാണ്?

Dr. S. John : ഡാക്ടർമാർ.

Mr. A. N. Satyanesan : അയ്യ് ചിലപ്പോൾ ഡോക്ടർമാരാണോ, അതോ സമീപത്തുള്ള വല്ല ഹാസ്പിറ്റൽസിൽ നിന്നും പാർട്ടൈമായി ജോലി നോക്കുന്നവരാണോ?

Dr. S. John : സമീപത്തുള്ള ഹാസ്പിറ്റൽസിലെ ഡാക്ടർമാരെ പാർട്ട്ടൈമായി ജോലി നോക്കുന്നതിനു മുമതലപ്പെടുത്തിയിരിക്കയാണ്.

Patients in Government Hospitals.

116. ***Mr. A. N. Satyanesan :** Will the Government be pleased to state :

(a) whether the number of patients who underwent treatment at Government Hospitals in 1120 was greater than that in 1119 ;

(b) if so, the extent of such increase ; and

(c) the aggregate number of beds in all hospitals at the end of Medom 1121 ?

Dr. S. John : *(a)* Yes.

(b) 3,20,593.

(c) 3,305.

Female patients and Lady Doctors in the General Hospital.

117. ***Mr. A. N. Satyanesan :** Will the Government be pleased to state :

(a) whether female patients are treated in the Trivandrum General Hospital ;

(b) whether female patients in the General Hospital are attended to by Lady Doctors ; and

(c) whether there is any bar to the appointment of Lady Doctors in the General Hospital ?

Dr. S. John : *(a)* Yes.

(b) No.

(c) No ; but it is not the practice.

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